

# **EXHIBIT E**



Julie DeMay

TEXTS: Now references are online  
— No specific texts — use online resources



School  
6yrs  
Pharmaceutics  
"How drugs  
work ... side effects ...  
logistics of medications...  
mechanisms of actions  
drug interactions"  
Law classes — Esp. Penns. law  
Also DEA & general practice

Duquesne Univ.  
2005

"PHARM. D"  
Doctor's Deg. in Pharm.

Ex 1

DeMay Exhibit

1

3/2/21 Carrie Campbell, RDR

exhibitster.com



Julie DeMay

CAN'T REMEMBER  
WHAT  
LAST ONE  
WAS ABOUT

DEA

CAN'T REMEMBER  
LAST TIME



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## RED FLAGS OF FILLING OPIOID Rx

"THERE MIGHT BE  
SOME SORT  
OF ABUSE"

- PATIENT OUT OF AREA
- DR. OUT OF AREA
- MULTIPLE Rx FROM MULTIPLE DOCS
- OVERLAPPING Rx's (TOO SOON OR TOO MANY)
- FEELING SOMETHING NOT WRITE

DEA # for store  
Registrant System

MANUFACTURE

↳ DISTRIBUTE

↳ DR'S WRITE Rx

↳ PATIENTS TAKE  
Rx TO PHARMACY

↳ WHO FILLS IT  
↳ PHARM. WORK UP TO

OPIOIDS → IN USE

"LAST LINE OF DEFENSE"

OPIOID

## DANGERS OF OPIOIDS

- Drowsiness
- Body gets used to it  
so can't always stop  
suddenly
- Interactions w/ other  
medicines: Ex. w/ drugs that

suppress Central  
Nervous System  
("CNS")



DOCTORS



GOOD WORKING  
RELATIONSHIPS  
w/ AREA DOCTORS

PAIN Mgmt doc's write  
majority

Syed Akhter-Zaidi - Pain Mgt  
no longer  
practicing

Samuel Nigro - NO MEMORY

Dean PAHR - PAIN MANAGEMENT  
spoke w/ office often  
(if ? re diagnosis code  
or dosage change  
or add. med. for  
surgery recovery)



Julie DeMay

PHARMACIST: <sup>Job</sup> GOOD <sup>Job</sup> TONES  
AND BAD <sup>Job</sup> TONES - "NOT PAYING  
ATTENTION  
TO DETAIL  
AS THEY SHOULD"

Corp. Level  
Responsible  
to make sure  
no problem  
w/ TOO MUCH  
WORK, NOT ENOUGH  
time —  
Corp. sets budget  
store makes requests



KNOWN <sup>↑</sup>  
SOME EVEN AT  
WALGREENS

Cuts corners - BAD THING YES EVEN  
AT WALGREENS  
Poor time management - BAD THING YES EVEN  
AT TIMES AT WALGREENS



SP854258

CONFIDENTIAL (Classification)



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WAGMDL00963995

P-WAG-03790

**Target Drug Good Faith Dispensing Checklist**

*Steps for Technician to Complete*

Patient Name: **Redacted - Confidential PHI**

Please select drug & provide strength (tablets/capsules only):  
 Oxycodone 5 Hydromorphone \_\_\_\_\_ Methadone \_\_\_\_\_ Other (optional - district specific) \_\_\_\_\_

Check boxes that apply to assist the pharmacist in determining if the prescription should be filled. Attach checklist to hard copy of Rx.

	Yes	No
1 Valid government photo ID copied and attached to hard copy of Rx. For eRx, attach copy at pick-up. ID is optional for Hospice, oncology, bedside delivery, sickle cell patients, and patients <u>known</u> to the pharmacy staff, unless it is required by state regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 No prior GFD refusal for <u>this</u> exact prescription in patient comments in IC+ profile. If so, prescription must not be dispensed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Patient has received this prescription from Walgreens before.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 This prescription is from the same prescriber for the same medication as the previous fill.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 3rd Party Insurance is billed (If cash or a cash discount card, use caution). <b>NOT NEC. A R4D ANGE</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6 Patient does not appear intoxicated or under the influence of illicit drugs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I attest that I have used the Target Drug Good Faith Dispensing Checklist validation procedures to validate the information above:

Technician Initials VAK

**Steps for Pharmacist to Complete**

	Yes	No
7 If available in your state, PDMP has been reviewed. Prescription is being filled on time. If your state regulates early refills of controlled substance prescriptions, follow your state's regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Patient and/or prescriber address is within geographical proximity to pharmacy; any variances can be reasonably explained.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Chronic prescription use can be explained and is supported by documentation (ICD 10 code or diagnosis consistent with chronic pain condition).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Per CDC recommendation, naloxone was offered to the patient in case of an emergency for prescriptions $\geq 50$ Morphine Milligram Equivalents (MME). *Please refer to the Internal Patient Talking Points #10-16	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Refer to Opioid Dosage Calculator and CDC handout "Calculating Total Daily Dose of Opioids for Safer Dosage"

If in your professional judgment a call to the prescriber's clinical staff is warranted, document conversation in notes section. If no call is required, complete this form with your signature.

(For Hospice, oncology, and sickle cell patients only: RPh may fill the prescription without verification provided the elements of Good Faith Dispensing are met.)

Notes:

I attest that I have used the Target Drug Good Faith Dispensing Checklist validation procedures and my professional judgment to review this prescription and I have:

Dispensed: ☒ Pharmacist signature ISO H

Refused: ☐ (RPh must inform patient of refusal and make a copy of the Rx for the refusal file folder)

CHECK SHOULD BE YES-  
IF A NO, DO DUE DILIGENCE  
TYPICALLY DOCUMENTED

FOR 3 TARGETED MEDS  
- use for ethical  
reasonable  
work

important?

YES IMPORTANT